

MEMBERS PRESENT

(attending by Webinar)

Ms. Kristen Kennedy
HFS

Dr. Robert Bloom
Gubernatorial Appointee

Mr. Merlin Lehman
Gubernatorial Appointee

Mr. Matt George
Legislative Designee

Ms. Julie Stremlau
Mr. Nathan Roth
DHS/DFCS

Ms. Kathy Ward
DHS/DDD

Ms. Carie Johnstone
Legislative Designee

Ms. Sherry Bochenek
ISBE

Ms. Kathy Briseno
Legislative Designee

Mr. Neal Takiff
Gubernatorial Appointee

Dr. Cesar Madrigal
Gubernatorial Appointee

Dr. Constance Y. Williams
DHS/DMH

Ms. Michelle Scott-Terven
Kimberly Pinckney
DHS/DRS

MEMBERS ABSENT

Mr. Mark Smith
DJJ

Dr. Andrew Beaty
Gubernatorial Appointee

Ms. Judith Levitan
OAG

Dr. Seth Harkins
Legislative Designee

Ms. Alicia Ozier
DCFS

STAFF PRESENT

Ms. Nancy Aguirre
Regional Coordinator

Ms. Kristin Gharst
Regional Coordinator

Ms. Juli Kartel
Regional Coordinator

Ms. Lynn Lowder Coffey
Operations Manager

Ms. Leah Guffey
Office Manager

Ms. Debbi Smith
Executive Director

Mr. Robert Watts
Regional Coordinator

LIAISONS PRESENT

None

GUESTS

Angela Zajac
Eisenhower Cooperative

Michelle Churchey-Mims
CHBA

I. CALL TO ORDER

The meeting was called to order at 9:03 am by Chairperson Mr. Matt George.

II. APPROVAL OF THE AUGUST 12, 2021 AUTHORITY MINUTES

The Authority reviewed the minutes of the August 12, 2021 meeting with no revisions.

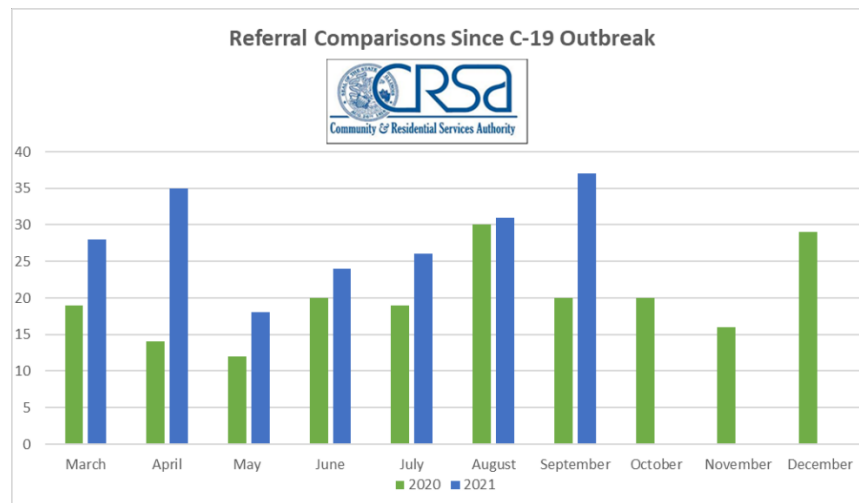
MOTION: *Dr. Robert Bloom moved and Ms. Kathleen Briseno seconded that the minutes of the August 12, 2021 Authority meeting be approved. The motion carried unanimously.*

III. DIRECTOR'S REPORT

Director Smith reviewed board packets and objectives for the meeting. In addition to the minutes and agenda, two pieces of legislation were sent out to board members. One which has already been approved by the board to submit for sponsorship, and one newly written one for board vote at the next meeting.

Ms. Smith mentioned meetings CRSA arranged with Senator Villa and Hawthorne a State Operated Psychiatric Hospital in Missouri. She also informed the board that we met with Representative Carroll to support the CRSA amendment as written. Details to be discussed in the Operations Manager's report and the Interagency Subcommittee Report.

CRSA has been monitoring referrals since the Covid 19 onset. Initially it affected referral numbers however as seen in the chart numbers increased soon afterwards.



Ms. Smith reminded the board that this is Operations Manager Lynn Lowder's second to last meeting. Ms. Lowder will be staying on as a personal service contract worker. Her skill

set for budgeting and legislative matters remain specialized and she has agreed to maintain that function this year as long as her services may be required.

Regional Coordinator Juli Kartel M.S.Ed., is CRSA's liaison to HFS. She is forming a task force with HFS to disseminate Specialized Family Support Program materials and information to hospitals. This will benefit families who may not be able to take their psychiatrically complicated youth back home. It is also intended to help with the issue of youth staying in the hospital beyond medical necessity.

Director Smith discussed the issue of No Timely access to prescribed State Fund Residential Placements. The current number that we show for this information is 21 youth out of 155 open cases and only 2 of those have had this barrier minimized with CRSA intervention. That is currently 34% of CRSA open cases. Ms. Smith said that this number is high and is indicative of systemic barriers. Many of the youth on the CRSA caseload have state agency funding, some have funding from more than one agency and or a school district willing to fund a youth's residential placement, yet no residential placement will take them. The board voiced an interest in this type of data on an ongoing basis. Ms. Smith agreed and we will have barrier information henceforth with every board meeting. At the onset of the creation of the CRSA data base, we submitted to board members a survey asking for their input on barriers they would like CRSA to track. We again will submit that survey before the end of FY 22 in order to appropriately get that data set entered for the next fiscal year. A request to track telehealth barriers was made by board member Carie Johnstone.

The 2020 Annual Report will be submitted at the December board meeting.

Director Smith announced she will be retiring June 30, 2022. The board requested a copy of the Executive Directors Job description and hiring by laws for the December board meeting to plan next steps for hiring and Executive Director before FY 2023. With the possibility of lapsed funds do to Ms. Lowder's retirement in December, Chairperson Matt George suggested the board move forward with hiring the Executive Directors replacement soon than later with the hopes of having them work with Director Smith for one to two months before she retires.

IV. OPERATIONS MANAGER REPORT

Trainings: All staff and most board members have completed the required trainings for calendar year 2021.

Legislation: On August 18th, Director Debbi Smith, Board Member Mr.Neal Takiff J.D, Senator Villa and Operation Manager Lynn Lowder meet via Webex with staff from Hawthorn Children Psychiatric Hospital in Missouri. Details of this meeting is in Committee Reports.

Senator Villa is submitting the original approved CRSA amendment during veto session which is October 19, 20, 21 and 26, 27, 28.

On September 8th, Director Debbi Smith, board member Neal Takiff J.D, and Operation Manager Lynn Lowder had a conference call with Rep. Carroll to discuss the original board approved CRSA amendment. He was interested in-the CRSA amendment and agreed he would most likely sponsor it in the House once Senator Villa files it in the Senate.

Since the August meeting, 35 House Bills and 17 Senate Bills we've been following that have become Public Acts. Some of these include: Youth in care, Telehealth, Truancy, Bullying, Absence due to mental health, Suspended/expelled youth, Student Discipline, Residential Placement, Mental Health Task Force, Timeout and restraint, Special Education Resources, and Suicide Prevention.

Budget Update: We sent a revised copy of our FY 23 Appropriation Request for your review and approval. We increased the amount from \$650,000 to \$700,000 to help cover the cost of hiring a new executive director, projected workload increase if our amendment passes in addition to Cedar licensing fees, computer upgrades and office rent. We have been at \$650,000 for the last three years. With the Operations Manager retiring in December, that frees up six months of salary to cover FY 22 expenditures.

It was requested that Ms. Lowder provide the top 10 legislation that CRSA is following at each board meeting.

V. OFFICE MANAGER REPORT

Ms. Leah Guffey shared that October was busy with intake. She is moving the board member bios to an electronic, shareable version. She asked for board member head shots to accompany current bio information. Ms. Guffey asked to have those presentable by the December board meeting. Ms. Guffey will send out sample bios for board members to use as a template. Ms. Guffey stated she is learning her role and responsibilities, plus taking on a few of the retiring Operations Manager's transferable responsibilities.

VI. CHANGING LIVES

CRSA Regional Coordinator Kristin Gharst reported on a resource barrier and CRSA's successful coordination of service delivery to a CRSA involved youth.

VII. OLD BUSINESS

Chairperson Matt George mentioned we still have one Gubernatorial Appointee Vacancy and asked for recommendations. Discussion ensued regarding the role and background of the appointee nomination; Mr. George shared the guidelines for Gubernatorial Appointees:

“Six persons appointed by the Governor for terms of four years. Appointees shall be representative of both the private and public sectors with no more than two of the appointees from the public sector and at least two must be or have been directly involved in provision of service to such individuals. The remaining appointee shall be or have been a parent of an individual with a behavior disorder or severe emotional disturbance.”

VIII. NEW BUSINESS

None

IX. COMMITTEE REPORTS

A. Executive Committee: The Executive Committee approved the agenda for full board. As in the full board meeting there was much discussion about the lack of residential treatment facilities that are able to take youth with severe emotional and behavioral conditions. It was suggested that private facilities need to be creative and adapt to as well as invest in staff hiring incentives. Working with the local community and building community partnerships is vital. Red tape that hinders hiring, should be revised. It was suggested that RTC’s should run like a business.

B. Interagency Subcommittee: Mr. Takiff summarized CRSA’s recent meetings with Senator Villa and Representative Carroll. Both agreed to support the CRSA amendment as written.

Mr. Takiff shared details about the meeting he, Ms. Smith, Ms. Lowder and Senator Villa attended with Hawthorne, a state operated residential and inpatient facility. We learned how Hawthorn is supported through the Missouri legislature. Hawthorne staff emphasized the moral obligation to meet the needs of the most acute mentally ill children versus the cost to operate the facility. After this meeting, Senator Villa requested CRSA to write an initial legislative draft to support opening at least one SOF hospital and one SOF residential treatment facility in Illinois. This draft was submitted to the board for comment and after a vote in December, if passed will be submitted to Senator Villa for sponsorship as she requested.

In the meantime, HFS alternate Kristin Kennedy was requested to provide the Interagency Subcommittee with information regarding the amount of youth on Medicaid who are have been hospitalized within the past 2 years, and the amount of days total along with the cost. This will assist the committee in assessing a cost comparison for our proposed SOF legislation if needed.

The next agenda item for the subcommittee will be interagency agreements.

Next Subcommittee meeting is October 28 @ 10:00 via Webex.

CRSA full Board feedback included statements that agencies have an obligation to take care of the population they committed to serve. That child serving providers would best serve their mission by running their facilities as a business not a social service entity. It

was mentioned that systems are strained, but we have been given the honor to do what we can to fix it. Too many youths are on wait lists, and stuck in the "system". There was board agreement that this problem can be fixed if we stop talking about "collaboration", and actually start truly collaborating. It is all of our jobs to take care of our community, and our state.

X. AGENCY REPORTS

Illinois State Board of Education: Ms. Sherry Bochenek reported:

COVID Pandemic:

The Illinois Department of Public Health (IDPH) and ISBE updated the Revised Public Health Guidance for Schools document, available at <https://www.isbe.net/Documents/Updated-Public-Health-School-Guidance-9-21-21.pdf>, and the Frequently Asked Questions (FAQs) for Schools document, available at <https://www.isbe.net/Documents/ISBE-IDPH-School-FAQs-20210921.pdf>, on September 21, 2021 to align with Executive Order 2021-22 and ISBE's emergency rules, accessible at https://www.isbe.net/Documents/18389_23-6RG-E.pdf, which require all school personnel to either be fully vaccinated or undergo at least weekly testing for COVID-19.

The agency has also posted the U.S. Department of Education Office of Special Education and Rehabilitative Service Return to School Roadmap released September 30, 2021, accessible at <https://www.isbe.net/Documents/rts-iep-09-30-2021.pdf>.

ISBE has announced a new grant to support the social-emotional wellbeing and mental health of students and educators. The \$100 million Community Partnership grant will fund partnerships between school districts and community organizations to address the trauma students and educators have experienced during the pandemic. Additional information is available at <https://www.isbe.net/Pages/MentalHealthResources.aspx>.

Submission to ISBE of any questions or concerns regarding this guidance are requested to be sent to the established inbox of COVID19@isbe.net

Project Updates:

The Special Education Department facilitated a webinar in September covering a brief overview of the Department, tips on navigating the ISBE website to locate helpful resources, updates on grants/funding, important legislative updates, information on current projects, an overview of the new accountability and support system, and general reminders/information regarding the 2021-22 school year, viewable at <https://register.gotowebinar.com/recording/2356151581666024962>.

The Special Education Department aims to re-release a request for sealed proposals for the Behavior Assessment and Training project following Board approval.

The Special Education Department is planning data collection system development in order to collect data on the number of students requiring residential services awaiting placement.

Current priority focus areas include support in addressing personnel and residential facility placement shortages.

Health Care and Family Services: Kristen Kennedy report

DHS, Division of Mental Health: Dr. Constance Williams reported DMH is working diligently to develop our crisis continuum system for the state of Illinois. We are planning for the Implementation of the 988 number for Suicide Lifeline coverage in July, 2022, and have instituted the program 590 crisis care system throughout the state. Program 590 is now being developed in every Region. We are working with several other state agencies to make this system a reality.

DHS, Division of Developmental Disabilities: Kathy Ward reported The Division of Developmental Disabilities is experiencing the same issues regarding youth in need of placement. In fact, for the first time in over 20 years, the Division has begun the process to look out of state for residential placements. This is a new process for us and for our case managers.

Also, since I'm new to this board – and somewhat to my job at DDD, I wonder if there would be any benefit in having some training (maybe just for the state staff folks) on what each of our agencies can do. Many families reach out to CRSA, DDD, HFS, DCFS, ISBE, etc. and sometimes they receive suggestions for solutions that aren't possible. Some examples, would be suggesting pursuit of State Operated Developmental Center placement for a child who is not yet 18. Federal regulations prohibit our state ops from admitting anyone under the age of 18. Another example would be suggesting to a family that they apply to be the personal support workers for their child in children's home based. Parents cannot be the paid personal support worker for their child. I would benefit from a better understanding of the ISBE/local school district interaction.

XI. PUBLIC PARTICIPATION

None

XII. COMMENTS AND ANNOUNCEMENTS

None

XIII. ADJOURNMENT

MOTION: *Dr. Constance Williams moved and Ms. Julie Stremlau seconded that the Authority meeting be adjourned at 10:35 am. The motion carried unanimously.*